## RECEIVED CENTRAL FAX CENTER

DEC 0 8 2006



Applicant:

Volker ZIMMER

Serial No.:

09/554,793

Filing Date

September 19, 2000

Entitled:

Capillary Active test Element Having an Intermediate Layer

Situated Between the Support and the Covering

Group No.:

1743 18622 US

Ref. No.:

I,

Attachments:

- Transmittal Form (1pp)
- Fee Transmittal (1pp)(duplicate)
- Reply under 37 CFR 1.111 (6pp)
- Terminal Discloimer (1pp)
- Fax Transmittal Sheet (1pp)

The information contained in this facsimile message is privileged and confidential. This information is intended only for the use of the individual or entity named. If the reader of this message is not the intended recipient, you are hereby notified that the dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone (219) 764-4005 and return the original message to us at 128 Shore Dr. Ogden Dunes, IN 46368 USA via the Postal Service. Thank you.

# RECEIVED CENTRAL FAX CENTER

DEC 0 8 2006

		U,S	S. Patent and T	rademari	k Office:	PTO/SB/21 (09-06) through 03/31/2007. OMB 0651-0031 U.S. DEPARTMENT OF COMMERCE	
Under the Paperwork Reduction Act of 1995, pa	o persons	Application Number	cellection of Inf		untess.it	displays a valid OMB control number.	
TRANSMITTAL		Filing Date	<del></del>	September 19, 2000			
FORM		First Named Inventor	<del></del>	Zimmer			
, J. C.		Art Unit	1743				
(to be used for all correspondence after initial filing)		Examiner Name	Alexander	Alexander, Lyle			
Total Number of Pages in This Submission 11		Attorney Docket Number	18622 US				
ENCLOSURES (Check all that apply)							
Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Capy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application  Reply to Missing Parts		Prawing(s) icensing-related Papers retition retition to Convert to a rovisional Application rower of Attorney, Revocat change of Correspondence reminal Disclaimer request for Refund D. Number of CD(s) Landscape Table on C	Address	Fax	Appear of Appear (Appear Propr Status Other below	Allowance Communication to TC all Communication to Board poals and Interferences all Communication to TC all Notice, Brief, Reply Brief) letary Information a Letter Enclosure(s) (please Identify b); littal (1pp)	
under 37 CFR 1.52 or 1.53	IDE A	E ADDITIONAL ATT	DRNEY C	D AC	ENT		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name							
The Law Office of Jill L. Woodburn, LLC							
Signature and Woodburn							
Printed name (Lill), Woodburn							
Date December 8, 2006			Reg. No.	39,874			
CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mall in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:							
Signature & L. Wood							
Typed or printed name					Date	December 8, 2005	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a bonefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sont to the Chief Information Officer, U.S. Petent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

### RECEIVED CENTRAL FAX CENTER

DEC 0 8 2006

Approved for use through 01/31/2007. OMB 0551-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete If Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) Application Number TRANSMIT 2000 Filing Date For FY 2006 First Named Inventor Exeminer Name tlexunder Applicant claims small entity status. See 37 CFR 1.27 18622 US TOTAL AMOUNT OF PAYMENT Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card L Money Order None Other (please identify) X Deposit Account Deposit Account Number 50-0877 Deposit Account Name: Nache DiagnoStrCS For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit eard Information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES Small Entity Small Entity Small Entity Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Application Type Fee (\$) Fee (\$) Fee (\$) 200 100 300 500 250 Utility 150 200 100 100 50 130 65 Design 160 200 100 300 80 Plant 1.50 600 300 300 500 150 250 Reissuc 200 100 0 0 Provisional Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee\_(\$) Fee Description 25 50 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 180 Multiple dependent claims 360 Fee Paid (\$) Multiple Dependent Claims **Total Claims** Extra Claims Fee (\$) Fee Paid (\$) - 20 or HP = Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee Paid (\$) - 3 or HP = HP = highest number of independent dialms paid for, if greater than 3 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) /50= \_(round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): <u>130.00</u> SUBMITTED BY Registration No. Signature Telephone 219764 4005 (Attorney/Agent) Date 7 Woodbook o

This collection of information is required by 37 CFR 1,136. The information is required to obtain or retain a benefit by the public which is to fills (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1,14. This collection is estimated to take 30 minutes to complete, including gathering, proparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

## RECEIVED CENTRAL FAX CENTER

DEC 0 8 2006

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Zimmer

Atty. Docket: 18622 US

Application No.: 09/554,793

Group No.: 1743

Filed: September 19, 2000

Examiner:

Alexander, Lyle

For: Capillary Active Test Element Having an Intermediate Layer

Situated Between the Support and the Covering

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

#### REPLY UNDER 37 C.F.R. 1.111

Sir:

#### **Introductory Comments**

In response to the Office Action mailed November 20, 2006, entry of the Terminal Disclosure and consideration of the accompanying remarks is respectfully requested.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.